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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.83) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18(e)))	Attorney Docket Number	631020.00015
	First Named Inventor	Martin G. Sirola
	COMPLETE IF KNOWN	
	Application Number	09 / 945,131
	Filing Date	August 31, 2001
	Group An Unit	1635
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LOCALIZED COLLOIDAL ELECTROLYTIC THERAPY FOR PREVENTING HEAT STROKE

the specification of which

(Title of the invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

August 31, 2001

as United States Application Number or PCT International

Application Number **09/945,131** and was amended on (MM/DD/YYYY) **n/a** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.102, including for continuation-in-part applications, material information which becomes available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 351(b) of any foreign application(s) for patent or inventor's certificate, or 351(a) of any PCT international application which designated at least one country other than the United States or America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
n/a		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/88/029 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) filed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/88/029 attached hereto.

[Page 1 of 2]

BURDEN HOUR STATEMENT: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete the form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20331. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20331.

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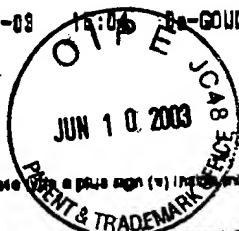
DECLARATION — Utility or Design Patent Application

Direct all correspondence to <input checked="" type="checkbox"/> Customer Number or Bar Code Label 25710 OR <input type="checkbox"/> Correspondence address below	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.	
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any) Martin G.	Family Name or Surname Sirak
Inventor's Signature	Date
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NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any) Elzer R.	Family Name or Surname Edelman
Inventor's Signature	Date
Residence: City Brooklyn	State MA Country USA Citizenship USA
Mailing Address 38 Warren St.	
Mailing Address	
City Brooklyn	State MA ZIP 02446 Country USA
<input checked="" type="checkbox"/> Additional inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.	

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Robert D.		Rosenburg	
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Mailing Address			
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		Country	USA
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Given Name (first and middle (if any))		Family Name or Surname	
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Inventor's Signature			Date May 9 '2003
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Mailing Address			
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		ZIP	03755
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
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